REPORTS INVENTORY

PREPARE IN DUPLICATE

CONTROL NO.

DDS/OC-043

1. TITLE OF REPORT (if a fill-in report include Form No.)	2. TYPE OF REPORT		
Significant Events (Staff Meeting Notes)		STATISTICAL	
		XX	NARRATIVE
			MACHINE-NAME LISTING

3. FUNCTIONAL AREA	PERSONNEL	TRAINING	XX	ADMIN. GENERAL
	LOGISTICS	SECURITY		OTHER (specify)
	MEDICAL	FINANCE	XX	COMMUNICATIONS

4. NO. OF COPIES PREPARED	5. FREQUENCY (weekly, monthly, quarterly, etc.)	6. DISTRIBUTION (No. of components not number of copies)
1	Weekly	1

7. FORMAT (memorandum, form computer print-out, etc)	8. ADP PROCESSING		9. DIRECTIVE AUTHORITY REQUIRING REPORT
		YES	IF YES GIVE ADP PROCESSING NO.	
Memo	XX	NO		By direction of D/CO

10. PREPARING COMPONENT (include lowest level contributing information to report)	11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.)
OC-CCD/CCL/COB/Sections	None

12. COST FACTORS

A. MANUAL PREPARATION AND REVIEW COSTS

GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED	=	COST PER YEAR
4-15	Average 10,Step 3 $ 5.57		10		$56.00		52		$2912.00
16	14.46		1		14.46		52		752.00
							TOTALS		$3664.00

B. COSTS OF COMPUTER PRODUCED REPORTS

TOTAL COSTS PER YEAR	

13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (in addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT.

By request of D/CO. Provide summary of significant events within OC during each week. Selected items published as info to all Staffs and Divisions.

14. FUTURE GOALS

GOAL PROPOSED BY COMPONENT FOR THIS REPORT	ESTIMATED SAVINGS	
X RETAIN AS IS OTHER (explain)	MAN-HOURS	DOLLARS
CHANGE		
DISCONTINUE		STAT

15. DATE OF INVENTORY	16. NAME AND TITLE OF PERSON FURNISHING INFORMATION		17. EXTENSION
7 Oct. 70			STAT

Classification